

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours Per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier: 2002470A

(Create your own code to identify THIS Form 470)

Form 470 Application #: 171850000377590

(To be inserted by Fund Administrator)

Block 1: Applicant Address and Identifications

1	Name of Applicant (30 characters max.)	<u>SPOKANE SCHOOL DISTRICT 81</u>	
2	Funding Year: July 1, <u>2002</u> through June 30, <u>2003</u>	3	Your Entity Number (up to 10 digits) <u>145503</u>
4a	Street Address, P.O. Box, or Route Number	<u>200 N Berneville St</u>	
	City	State	Zip Code
	<u>Spokane</u>	<u>WA</u>	<u>99201-0206</u>
b	Telephone Number (10 digits + ext.)	<u>(509) 354-7333 ext. _____</u>	
c	Fax Number (10 digits)	<u>(509) 354-5959</u>	
d	E-mail Address (50 characters max.)	<u>peggy.sc@spokaneschools.org</u>	
5	Type of Applicant		
	<input type="checkbox"/> Library	(including library system, library branch, or library consortium applying as a library)	
	<input type="checkbox"/> Individual School	(Individual public or non-public school)	
	<input checked="" type="checkbox"/> School District	(LEA; public or non-public [e.g., diocesan] local district representing multiple schools)	
	<input type="checkbox"/> Consortium	(Intermediate service agencies, states, state networks, special consortia)	

6a Contact Person's Name

First, fill in **every** item of the Contact Person's Information below **that is different from Item 4, above**.
Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

b	<input type="checkbox"/>	Street Address, P.O. Box, or Route Number		
		City	State	Zip Code
c	<input type="checkbox"/>	Telephone Number (10 digits + ext.)	<u>() - - - - - ext. - - - - -</u>	
d	<input checked="" type="checkbox"/>	Fax Number (10 digits)	<u>() - - - - -</u>	
e	<input type="checkbox"/>	E-mail Address (50 characters max.)		

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

- a ☒ Tariffed services -- telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c ☒ Services for which a new written contract is sought for the funding year in Item 2.
- d ☒ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

What kinds of service are you seeking: Telecommunications Services, Internet Access, or Internal Connections?
Refer to the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or categories (8, 9, and/or 10 below), and answer the questions in each category you select.

8 ☒ Telecommunications Services

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

- a ☒ YES, I have an RFP. It is available on the Web at _____
or via (check one) ☒ the Contact Person in Item 6 or _____ the contact listed in Item 11.
- b ☐ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Telecommunications Services you seek. Specify each **service or function** (e.g., local voice service) and **quantity and/or capacity** (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional pages if needed.

Service or Function	Quantity and/or Capacity
Sub voice grade	approx 66 buildings
Cell phone service	approx 200 users
Long distance	overflow for approx 66 buildings
T1	for less than 5 buildings
ports	approx 66 buildings

9 ☐ Internet Access

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

- a ☐ YES, I have an RFP. It is available on the Web at _____
or via (check one) _____ the Contact Person in Item 6 or _____ the contact listed in Item 11, below.
- b ☐ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internet Access services you seek. Specify each service or function (e.g., monthly Internet service) and **quantity and/or capacity** (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access services. Add additional pages if needed.

Service or Function	Quantity and/or Capacity

10 ☒ Internal Connections

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

- a ☐ YES, I have an RFP. It is available on the Web at _____
or via (check one) _____ the Contact Person in Item 6 or _____ the contact listed in Item 11, below.
- b ☒ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internal Connections services you seek. Specify each service or function (e.g., local area network) and **quantity and/or capacity** (e.g., connecting 10 rooms and 300 computers at 56kps or better). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections services. Add additional pages if needed.

Service or Function	Quantity and/or Capacity

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

- 11** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name _____	Title _____
Telephone Number (10 digits + ext.) _____ (____) _____ - _____ ext. _____	
Fax Number (10 digits) _____ (____) _____ - _____	
E-mail Address (50 characters max.) _____	

- 12** ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and provide a contact name and telephone number for service providers without Internet access.

- 13** (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

Block 3: Technology Assessment

- 14** ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

- 15** Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

- a Desktop software: Software required ☒ has been purchased; and/or ☒ is being sought.
- b Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for electrical capacity is being sought.
- c Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☒ is being sought.
- d Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.
- e Staff development: ☒ all staff have had an appropriate level of training/additional training has already been scheduled; and/or ☒ training is being sought.
- f Additional details: Use this space to provide additional details to help providers to identify the services you desire.

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Recipients of Service

16 Eligible Entities That Will Receive Services:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

- a ☐ Individual school or single-site library.
- b ☐ Statewide application for (enter 2-letter state code) representing (check all that apply):
- ☐ All public schools/districts in the state.
☐ All non-public schools in the state.
☐ All libraries in the state
- Does your statewide application include INELIGIBLE entities? ☐ No ☐ Yes. If yes, complete Item 18.
- c ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	66
<i>For these eligible sites, please provide the following:</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number)
509	353, 354, 358
Does your application include any INELIGIBLE entities? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, complete Item 18.	

17 Billed Entities

List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. Attach additional sheets if necessary.

Entity	Entity Number
Spokane School District #1	14 5503

18 Ineligible Participating Entities: Does your application also seek bids on services to entities that are not eligible for the Universal Service Program? If so, list those entities here (attach pages if needed):

Ineligible Participating Entity	Area Code and Prefix

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 5: Certification and Signature

- 19 The applicant includes: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).
- 20 All of the individual schools, libraries, and library consortia receiving services under this application are covered by:
- a ☐ individual technology plans for using the services requested in the application; and/or
- b ☒ higher-level technology plans for using the services requested in the application; or
- c ☐ no technology plan needed; application requests basic local and long distance telephone service only.
- 21 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b ☐ technology plan(s) will be approved by a state or other authorized body.
- c ☐ no technology plan needed; application requests basic local and long distance telephone service only.
- 22 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 23 I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
- 24 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25 Signature _____

26 Date 11/8/2001

27 Printed name of authorized person Dr Mark Anderson

28 Title or position of authorized person Assoc. Supt. Mgmt Services

29 Telephone number of authorized person: (509) 354-7270 ext. _____

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

